

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year, beginning **MAR 10, 2006** and ending **SEP 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	C Name of organization CONNECTED: THE CALIFORNIA CENTER FOR COLLEGE AND CAREER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2150 SHATTUCK AVENUE 1200 City or town, state or country, and ZIP + 4 BERKELEY, CA 94704	D Employer identification number 20-4781979
		E Telephone number 510-849-4945
		F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.CONNECTEDCALIFORNIA.ORG**

J Organization type (check only one) ☒ 501(c) (3) (Insert no. ☐ 4947(a)(1) or ☐ 527)

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ► **N/A**

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ► **N/A**

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ► **1,006,392.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	1,000,000.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 1,000,000. noncash \$)	1e	1,000,000.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4	6,392.		
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ►)	7				
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a	8b		
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)				
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a				
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				
	11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,006,392.			
Net Assets	13 Program services (from line 44, column (B))	13	21,630.		
	14 Management and general (from line 44, column (C))	14	65,551.		
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17	87,181.		
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	919,211.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	0.		
	20 Other changes in net assets or fund balances (attach explanation)	20	0.		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	919,211.		

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Attorney General's Office
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Registry of
Charitable Trusts

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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COLLEGE AND CAREER**

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**Part II Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	4,932.	0.	4,932.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	7,638.		7,638.	
33 Supplies	7,429.	71.	7,358.	
34 Telephone	1,698.	34.	1,664.	
35 Postage and shipping	65.	15.	50.	
36 Occupancy	20.		20.	
37 Equipment rental and maintenance	3,647.		3,647.	
38 Printing and publications	2,253.	832.	1,421.	
39 Travel	4,842.	3,251.	1,591.	
40 Conferences, conventions, and meetings	105.	105.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	127.		127.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 1	54,425.	17,322.	37,103.	
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	87,181.	21,630.	65,551.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>SEE STATEMENT 2</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,204.
b <u>POLICY ANALYSIS AND DEVELOPMENT: ASSEMBLED A DATABASE ON CALIFORNIA'S PARTNERSHIP ACADEMIES. BEGAN ANALYSIS OF STATE DATA ON STUDENT PARTICIPATION IN CTE PROGRAMS, CAREER ACADEMIES, AND REGIONAL OCCUPATIONAL PROGRAMS IN ORDER TO PRODUCE A DESCRIPTIVE SUMMARY OF STUDENT PARTICIPATION IN SECONDARY CTE IN CALIFORNIA.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	13,426.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services)	21,630.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	45	167,308.	
	46 Savings and temporary cash investments	46	746,806.	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	49		
	50 a Receivables from current and former officers, directors, trustees, and key employees	50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	50b		
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	52		
	53 Prepaid expenses and deferred charges	53		
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other	56		
57 a Land, buildings, and equipment: basis	57a	5,224.		
b Less: accumulated depreciation STMT 4	57b	127.		
58 Other assets, including program-related investments (describe <input type="checkbox"/>)	58			
59 Total assets (must equal line 74). Add lines 45 through 58	0.	59	919,211.	
Liabilities	60 Accounts payable and accrued expenses	60		
	61 Grants payable	61		
	62 Deferred revenue	62		
	63 Loans from officers, directors, trustees, and key employees	63		
	64 a Tax-exempt bond liabilities	64a		
	b Mortgages and other notes payable	64b		
	65 Other liabilities (describe <input type="checkbox"/>)	65	0.	
	66 Total liabilities. Add lines 60 through 65	0.	66	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	67	919,211.	
	68 Temporarily restricted	68		
	69 Permanently restricted	69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	70		
	71 Paid-in or capital surplus, or land, building, and equipment fund	71		
	72 Retained earnings, endowment, accumulated income, or other funds	72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	0.	73	919,211.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	0.	74	919,211.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12). Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GARY HOACHLANDER 2150 SHATTUCK AVENUE BERKELEY, CA 94704	PRESIDENT	20.00	0.	0. 4,905.
TED MITCHELL 2150 SHATTUCK AVENUE BERKELEY, CA 94704	CHAIRMAN OF THE BOARD OF DIRECTORS	2.00	0.	0. 0.
RAMON CORTINES 2150 SHATTUCK AVENUE BERKELEY, CA 94704	DIRECTOR	2.00	0.	0. 27.
JEANNINE OAKES 2150 SHATTUCK AVENUE BERKELEY, CA 94704	DIRECTOR	2.00	0.	0. 0.

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Yes	No
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3

75b

X

75c

X

75d

X

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI	Other Information (See the Instructions.)
----------------	--

Yes	No
-----	----

76

X

77

X

78a

X

N/A

78b

79

X

80a

and check whether it is ☐ exempt or ☒ nonexempt

81a

0

81 h

x

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Part VI Other Information (continued)

		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
	N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
	N/A		
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
	N/A		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c		
	N/A		
d Section 162(e) lobbying and political expenditures	85d		
	N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
	N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
	N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
	N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
	N/A		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		
	N/A		
b Gross receipts, included on line 12, for public use of club facilities	86b		
	N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		
	N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
	N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a		X
If "Yes," complete Part IX			
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?	89b		X
If "Yes," attach a statement explaining each transaction			
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed CA			
b Number of employees employed in the pay period that includes March 12, 2006	90b		0
91 a The books are in care of TERRY ROSS Telephone no 510-849-4945			
Located at 2150 SHATTUCK AVENUE, BERKELEY, CA ZIP + 4 94704			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If "Yes," enter the name of the foreign country N/A			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country: N/A		91c	X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year: 92			

Part VII Analysis of Income-Producing Activities (See the instructions.)					
	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,392.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		6,392.	0.
105 Total (add line 104, columns (B), (D), and (E))					6,392.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

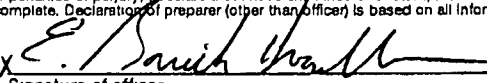
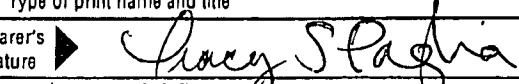
105 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date 8/13/07
	Type or print name and title E. G. HOACHLANDER, PRESIDENT	
Paid Preparer's Use Only	Preparer's signature 	Date 8/8/07
	Firm's name (or yours if self-employed), address, and ZIP + 4 MOSS ADAMS LLP 975 OAK STREET, SUITE 500 EUGENE, OR 97401	Check if self-employed <input type="checkbox"/> EIN <input type="checkbox"/> Phone no. 541-686-1040

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Name of the organization **CONNECTED: THE CALIFORNIA CENTER FOR
COLLEGE AND CAREER**

Employer identification number
20 4781979

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

CONNECTED: THE CALIFORNIA CENTER FOR

Schedule A (Form 990 or 990-EZ) 2006 **COLLEGE AND CAREER**

20-4781979 Page **2**

Part III **Statements About Activities** (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p> <p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property? SEE STATEMENT 5</p> <p>b Lending of money or other extension of credit? SEE STATEMENT 6</p> <p>c Furnishing of goods, services, or facilities? SEE STATEMENT 6</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990</p> <p>e Transfer of any part of its income or assets?</p> <p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p> <p>b Did the organization have a section 403(b) annuity plan for its employees?</p> <p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p> <p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p> <p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p> <p>b Did the organization make any taxable distributions under section 4966?</p> <p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p> <p>d Enter the total number of donor advised funds owned at the end of the tax year</p> <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p> <p>f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p> <p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">2a</td> <td align="center">X</td> <td></td> </tr> <tr> <td style="text-align: center;">2b</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">2c</td> <td align="center">X</td> <td></td> </tr> <tr> <td style="text-align: center;">2d</td> <td align="center">X</td> <td></td> </tr> <tr> <td style="text-align: center;">2e</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">3a</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">3b</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">3c</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">3d</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">4a</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">4b</td> <td></td> <td align="center">X</td> </tr> <tr> <td style="text-align: center;">4c</td> <td></td> <td align="center">X</td> </tr> <tr> <td></td> <td></td> <td align="center">0</td> </tr> <tr> <td></td> <td></td> <td align="center">0.</td> </tr> <tr> <td></td> <td></td> <td align="center">0.</td> </tr> <tr> <td></td> <td></td> <td align="center">0.</td> </tr> </table>	1		X	2a	X		2b		X	2c	X		2d	X		2e		X	3a		X	3b		X	3c		X	3d		X	4a		X	4b		X	4c		X			0			0.			0.			0.
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Schedule A (Form 990 or 990-EZ) 2006

CONNECTED: THE CALIFORNIA CENTER FOR

Schedule A (Form 990 or 990-EZ) 2006 **COLLEGE AND CAREER**

20-4781979 Page **3**

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

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Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

CONNECTED: THE CALIFORNIA CENTER FOR

Schedule A (Form 990 or 990-EZ) 2006 **COLLEGE AND CAREER**

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Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

- 29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)
-
- 32** Does the organization maintain the following
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)
-
- 33** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
 - b** Admissions policies?
 - c** Employment of faculty or administrative staff?
 - d** Scholarships or other financial assistance?
 - e** Educational policies?
 - f** Use of facilities?
 - g** Athletic programs?
 - h** Other extracurricular activities?
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)
-
- 34 a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either 34a or b, please explain using an attached statement
- 35** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group

Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals

(b)
To be completed for all
electing organizations

N/A

- | | | |
|----|---|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | ... |
| 38 | Total lobbying expenditures (add lines 36 and 37) | ... |
| 39 | Other exempt purpose expenditures | ... |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | ... |
| 41 | Lobbying nontaxable amount Enter the amount from the following table - | |
| | If the amount on line 40 is - | The lobbying nontaxable amount is - |
| | Not over \$500,000 | 20% of the amount on line 40 |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| | Over \$17,000,000 | \$1,000,000 |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | ... |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | ... |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | ... |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B	Lobbying Activity by Nonelecting Public Charities
------------------	--

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired			Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LOBBY SIGN	09	20	06	SL	5.00	16	5,224.			5,224.			127.
	* TOTAL 990 PAGE 2							5,224.		0.	5,224.	0.	0.	127.
	DEPR													

628102
07-28-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	1,531.	1,531.		
SMALL EQUIPMENT AND SOFTWARE	1,921.		1,921.	
RECRUITING	13,540.		13,540.	
LABOR	1,500.		1,500.	
CONTRACT SERVICES	15,123.		15,123.	
TRAINING	1,140.		1,140.	
BANK CHARGES	126.		126.	
CONTRACTED PERSONNEL SERVICES	19,544.	15,791.	3,753.	
TOTAL TO FM 990, LN 43	54,425.	17,322.	37,103.	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	2
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DESCRIPTION OF PROGRAM SERVICE ONE

MODEL PATHWAYS PROGRAM AREA: DEVELOPED THE FIRST INTEGRATED UNITS FOR ACADEMIC TEACHERS PARTICIPATING IN THE BIOMEDICAL AND HEALTH SCIENCES PATHWAY. CONVENED AN ADVISORY COMMITTEE OF EDUCATORS AND INDUSTRY REPRESENTATIVES TO BEGIN PLANNING THE DEVELOPMENT OF A PATHWAY AND CURRICULUM FOR ARTS, MEDIA, AND ENTERTAINMENT. DEVELOPED AN EVALUATION FRAMEWORK FOR MODEL PROGRAMS AND SCHOOLS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		8,204.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
----------	--	-----------	---

EXPLANATION

CONNECTED'S MISSION IS TO EFFECT POSITIVE CHANGE IN THE EDUCATION PROGRAMS OF CALIFORNIA'S HIGH SCHOOLS. TO DO SO, WE WILL FOSTER DISCUSSION AMONG POLICY-MAKERS AND SEEK TO IDENTIFY, SUPPORT AND EXPAND PATHWAYS THAT PREPARE STUDENTS FOR COLLEGE AND CAREER, NOT ONE OR THE OTHER. BY PIONEERING GROUNDBREAKING SCHOOL PROGRAMS AND PARTNERING WITH INNOVATIVE EDUCATORS AND DECISION MAKERS, CONNECTED WILL HELP TO PROVIDE THE NEXT GENERATION OF YOUNG ADULTS WITH THE KNOWLEDGE AND SKILLS NEEDED TO SUCCESSFULLY COMPETE IN CALIFORNIA'S GROWING AND DYNAMIC ECONOMY.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LOBBY SIGN	5,224.	127.	5,097.
TOTAL TO FORM 990, PART IV, LN 57	5,224.	127.	5,097.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2A	STATEMENT 5
------------	--	-------------

CONNECTED LEASES OFFICE AND PROGRAM SPACE FROM MPR ASSOCIATES AT THE
 SAME RATE MPR ASSOCIATES IS LEASING THE SPACE FROM THE OWNERS OF THE
 BUILDING.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2C	STATEMENT 6
------------	--	-------------

MPR ASSOCIATES IS A FOR-PROFIT ORGANIZATION THAT WAS INSTRUMENTAL IN THE FORMATION OF CONNECTED. MPR ASSOCIATES PROVIDES A RANGE OF STAFF AND SUPPORT SERVICES TO CONNECTED. CONNECTED PAYS AN OVERHEAD RATE FOR THESE SERVICES THAT IS LESS THAN FAIR MARKET VALUE CHARGED BY MPR ASSOCIATES TO OTHER GOVERNMENTAL AND FOR-PROFIT CUSTOMERS. THE PRESIDENT OF CONNECTED IS ALSO THE PRESIDENT AND PART OWNER OF MPR ASSOCIATES, BUT DOES NOT HAVE VOTING POWER ON THE BOARD OF CONNECTED. VOTING BOARD MEMBERS OF CONNECTED ARE NOT AFFILIATED WITH MPR ASSOCIATES; MPR ASSOCIATES HAS NO CONTROL OVER THE BOARD OR OPERATIONS OF CONNECTED, AND MPR ASSOCIATES IS NOT RESPONSIBLE FOR THE WORK PRODUCT GENERATED BY CONNECTED.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II		Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.	
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number	
	CONNECTED THE CALIFORNIA CENTER FOR COLLEGE AND CAREER	20-4781979	
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only	
	2150 SHATTUCK AVENUE, NO. 1200		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	BERKELEY, CA 94704		

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
- Telephone No **510-849-4942** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **AUGUST 15, 2007**
- 5 For calendar year _____, or other tax year beginning **MAR 10, 2006** and ending **SEP 30, 2006**
- 6 If this tax year is for less than 12 months, check reason: ☒ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- 8c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Quang S. Padua* Title SPA Date 5/12/07

Notice to Applicant - To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	MOSS ADAMS LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	975 OAK STREET, SUITE 500
	City or town, province or state, and country (including postal or ZIP code)
	EUGENE, OR 97401